



CITY OF ROME

Parks, Recreation and Community Activities
198 N. Washington Street
Rome, NY 13440

Summer Program Medical Information Form

I. General Information

II. Name of Child _____
Date of Birth _____ Age _____

Name of Parents _____
Address _____
Home Phone Number _____
Work Phone Number _____

Name of Person to Contact in Case of Emergency _____
Relationship to Child _____
Emergency Telephone Number _____

Family Physician _____
Physicians Telephone Number _____

III. Medical Information

Children participating in the City of Rome Summer Recreation Program(s) are encouraged to take part in a variety of outdoor and indoor recreational activities. In case of illness and/or injury, we would ask you to provide the following information, that it may provide the program supervisors quick reference to any special needs of the child. This form will accompany the child to an appropriate treatment facility, if such medical treatment is required. It is important the information provided is complete and accurate.

GENERAL

Does your child have any condition that would prohibit and/or impair his or her participation in any of the recreation programs in which he or she may participate _____ Yes _____ No

If Yes, please identify:

—

What restrictions, if any, would impose on the child's participation in the Summer Program?



Are there any activities in which the child's involvement would be restricted? _____ Yes _____ No

If yes, please specify: _____

IV. Does your child have any allergies? _____ Yes _____ No

If yes, please identify them _____

Does your child wear glasses? _____ Yes _____ No

Does your child wear contacts? _____ Yes _____ No

Are there any restrictions associated with their participation in any recreation program? _____ Yes _____ No

If yes, please describe: _____

Is the child up to date on vaccinations: _____ Yes _____ No

Has the child had a recent tetanus booster: _____ Date

Does your child currently take any medications and/or prescriptions? _____ Yes _____ No

If yes, please identify them _____
And list their resulting restrictions on the child's activities if any

V. Permission

I am familiar with the activities offered by the City of Rome Summer Recreation Program and give my full permission for my child to participate in the City of Rome Summer Recreation Program and further certify that the above information contained herein is complete and accurate.

VI. Medical Emergency Consent Form

As the parent/guardian of the above-named minor, I hereby give my consent for emergency medical care prescribed by a duly licensed doctor of medicine. This care may be given under whatever conditions are necessary to preserve life, limb, or the well being of my dependent.



Parent/Guardian Signature

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198 N. Washington Street

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SUMMER RECREATION PROGRAM AND/OR SWIMMING PROGRAM

ADULT WAIVER AND RELEASE

Release executed on _____, _____, by _____ of (the City of Rome), County of Oneida, State of New York herein referred to as releasor, to THE CITY OF ROME, NEW YORK, AND THE STATE OF NEW YORK, THEIR AGENTS/OFFICERS, AND EMPLOYEES, herein referred to as releasee.

I, releasor being of lawful age, in consideration of being permitted to participate in the **City of Rome's Summer Recreation Program and/or Swimming Program**, to be located at the **various parks and sites**, in the City of Rome, New York, do to myself, my heirs, executors, administrators, and assigns, hereby release and forever discharge THE CITY OF ROME, NEW YORK AND THE STATE OF NEW YORK, THEIR AGENTS, OFFICERS, AND EMPLOYEES, from any and every claim, demand action or right of action of whatever kind of nature, either in law or in equity arising from or by reason of any bodily illness or personal injuries known or unknown, death or property damage resulting or to result from participation in said league and the use of said site, whether by negligence or not. Such release is given as consideration for the privilege and right given me to participate in the participation and use of such facilities.

I further attest to the fact that I am physically fit, and physically able to participate in such activities and that I have no medical condition which would render my participation in the Summer Recreation Program and/or Swimming Program, Rome, New York unsafe.

This release contains the entire agreement between the parties hereto and the terms of this release are contracted and not a mere recital.

Releasor further states (s)he has carefully read the fore-going release and knows the contents thereof and signs this release as his/her own free act.

IN WITNESS WHEREOF, releasor has executed this release at ROME, NEW YORK, the day and year first written above.

Sworn to before me this _____ day of _____, _____.

Witness



-or-

Notary Public/Commissioner of Deeds

CITY OF ROME

Parks, Recreation and Community Activities

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Rome, NY 13440

SUMMER RECREATION PROGRAM AND/OR SWIMMING PROGRAM

CHILD WAIVER AND RELEASE

Release executed on _____, _____, by _____ of (the City of Rome), County of Oneida, State of New York herein referred to as releasor, to THE CITY OF ROME, NEW YORK, AND THE STATE OF NEW YORK, THEIR AGENTS/OFFICERS, AND EMPLOYEES, herein referred to as releasee.

I, releasor being of lawful age, in consideration of my child _____ being permitted to participate in the **City of Rome's Summer Recreation Program and/or Swimming Program**, to be located at the **various parks and sites**, in the City of Rome, New York, do to myself, my heirs, executors, administrators, and assigns, hereby release and forever discharge THE CITY OF ROME, NEW YORK AND THE STATE OF NEW YORK, THEIR AGENTS, OFFICERS, AND EMPLOYEES, from any and every claim, demand action or right of action of whatever kind of nature, either in law or in equity arising from or by reason of any bodily illness or personal injuries known or unknown, death or property damage resulting or to result from participation in said league and the use of said site, whether by negligence or not. Such release is given as consideration for the privilege and right given me to participate in the participation and use of such facilities.

I further attest to the fact that my child _____ is physically fit, and physically able to participate in such activities and that he/she has no medical condition which would render his/her participation in the Summer Recreation Program and/or Swimming Program, Rome, New York unsafe.

This release contains the entire agreement between the parties hereto and the terms of this release are contracted and not a mere recital.

Releasor further states (s)he has carefully read the fore-going release and knows the contents thereof and signs this release as his/her own free act.

IN WITNESS WHEREOF, releasor has executed this release at ROME, NEW YORK, the day and year first written above.

"PARENT OR GUARDIAN"

Sworn to before me this _____ day of _____, _____.

Witness



-or-

Notary Public/Commissioner of Deeds